

# The Saint Paul Early Childhood Scholarship Program

## Helping Families Access High-Quality Child Care and Early Education

## Mail your completed application to:

Resources for Child Caring 10 Yorkton Court St Paul, MN 55117

Fax to: 651-645-0990 (if faxed, please mail in the original at your earliest convenience)

If you want help with this application, please call: 651-641-6604

If you would like to talk about this application with someone who speaks Hmong, Somali or Spanish, please call the Language Access Line at 651-665-0150 or 1-888-291-9811.

Si necesita ayuda en español para llenar esta forma, por favor llame al siguiente numero de teléfono: 651-665-0150 ama 1-888-291-9811.

Yog koj xav tau kev pab los yog muaj lus nug txog daim ntawv thov nyiaj no, thov hu rau tus xov tooj 651-665-0150 1-888-291-9811.

Hadii aad dooneysid in aad kala hadasho arjigan aad codsatay qof ku hadla afka Soomaliga, Fadlan wac: 651-665-0150 1-888-291-9811.

This information is also available in other forms to people with disabilities. For TDD/TTY users, contact this program through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

### To qualify, your family must:

- Be income eligible with a family income at or below 185% of the federal poverty guidelines
- Live within Saint Paul City Planning Districts 5,6 or 7 (Payne-Phalen, North End or Frogtown)
- Have a child with a birth date between Sept 2, 2005 Sept 1, 2006.
- Have a parent or legal guardian of the child(ren) complete this application.

### Instructions

- Print your answers in ink.
- Read all instructions carefully and answer all questions completely.
- Attach additional sheets of paper if you need more space.
- Sign and date the application
- Mail, fax or bring the completed application and all other needed items to the address listed above.
- If you have questions about completing this application or have problems getting the information you need, call Resources for Child Caring at 651-641-6604.

After your application has been processed, you will receive written notice of your eligibility.

## Information about the Saint Paul Early Childhood Scholarship Program

- You will choose the high-quality child care/early education setting(s) to receive scholarship funds for your preschool-aged child.
- Scholarships must be used at a 3 or 4-star rated program with the Parent Aware Rating System. For an updated list of programs, visit www.parentawareratings.org.
- Child care/early education will be paid for until the child enters kindergarten.
- The Saint Paul Early Childhood Scholarship Program is separate from Child Care Assistance and Basic Sliding Fee Child Care. Application and acceptance into this program does not affect your family's eligibility for Child Care Assistance or your place on the waiting list.
- If you are eligible only for the Saint Paul Early Childhood Scholarship Program, you may choose which high quality child care/early education setting(s) can receive up to \$13,000 per year.
- If, in the rare event, the child care expenses are greater than the awarded scholarship, the parent or legal guardian agrees to pay the difference.
- You will be asked to be part of a program evaluation and to share information with the child care/early education program and St. Paul-Ramsey County Department of Public Health.
- Applications will be processed and award notification sent by mail before or by August 1, 2009.

## St. Paul Early Childhood Scholarship **Application and Authorization for Release of Information** Use this application to apply for the Saint Paul Early Childhood Scholarship Program

## 1. Applicant. Tell us about you and where you live.

PARENT 1: LAST NAME	FIRST NAME		MIDDLE NAME		BIRTH DATE	
OTHER NAMES YOU MIGHT BE KNOWN AS			PARENT GENDER  MALE FEMALE			
PARENT 2: LAST NAME	FIRST NAME	MIDDLE NAME		BIRTH DATE		
ADDRESS OF THE PARENT WHERE CHILD LIV	CITY	STATE	ZIP CODE			
MAILING ADDRESS (if different)			CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE	OTHER PHONE	IF YOU DO NOT HAVE A PHONE, WHAT IS THE BEST WAY TO CONTACT YOU? (Example – nam and phone number of a friend or family member)			
EMAIL ADDRESS (optional)	PREFERRED LANGUAGE (optional)		_		,	
Languages spoken at home: (circle ALL that apply) optional						
Arabic English Hmong Karen Khmer (Cambodian) Laotian Oromo						
Russian Serbo- Croatian (Bosnian) Somali Spanish Vietnamese Other (please specify)						
WHERE DID YOU HEAR ABOUT THIS PROGRAM? (circle one)						
St. Paul - Ramsey County Department of Public Health County Worker Library School:						
Child care/early education program: Community agency:			Other:			
. Children living with you for which you are the parent or legal guardian.						
NAMES OF CHILDREN (LAST, FIRST, MIDDLE)		OF BIRTH	GENDER (male or female) (optional)	_	RACE OR ETHNICITY (optional)	

NAMES OF CHILDREN (LAST, FIRST, MIDDLE)	DATE OF BIRTH	GENDER (male or female) (optional)	RACE OR ETHNICITY (optional)	
MY CHILD IS ALREADY ENROLLED IN A PROGRAM YES/NO	PROGRAM NAME:			

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3. Family members in the household.  How many family members live with you? Include	de all adults, children, and yourself:					
4. Are you or your children currently enrolled in MFIP (Minnesota Family Investment Program)  DWP (Diversionary Work Program)  Minnesota Child Care Assistance Program	□yes □no □yes □no □yes □no					
<ul> <li>5. Income. Total Annual Income (EARNED + UNEARNED-DEDUCATIONS): \$</li> <li>Fill in amount from the Income Worksheet on page 5</li> <li>6. Please send in copies of the documents below. Do not send originals.</li> </ul>						
If you answered yes to receiving any benefits in question 4, STOP!  Please SKIP question 6 and go directly to page 5  You do not need to send documents with this application.						
Resources for Child Caring w	ill verify the information above with Ramsey County					
<ul> <li>◆ Proof of child's age: (send copy of O</li> <li>□ Birth certificate</li> <li>□ Crib card</li> <li>□ Passport</li> <li>□ I-94 card</li> <li>□ Health Insurance card</li> </ul>	ONE from this list)  Immunization record Baptismal record Consulate registration card (Matricula Consular)					
<ul> <li>Proof of address for primary parent/</li> </ul>	guardian: (send copy of <u>ONE</u> from this list)					
	☐ Shelter Verification Form ☐ Rental lease ☐ Mortgage document ☐ Recent utility bill  e Worksheet on page 5. Document the see past 12 months by sending one or more of the					
<ul><li>□ Tax Form</li><li>□ W-2 Form</li><li>□ Pay stub</li></ul>	<ul><li>☐ Financial Aid statement</li><li>☐ Statement from employer</li></ul>					
☐ Child support payments: Send a copy during the past 12 months.	tions: from Income Worksheet on page 5.  of the payment letter that indicates the amount received , such as check stubs, benefit statements, premium					

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statements, or award letters.

## **Income Worksheet**

Please use this worksheet to calculate your total family income

EARNED INCOME (WAGES AND PROFITS FOR THE PARENT OR GUARDIAN OF CHILD(REN) LISTED IN THIS APPLICATION)							
PARENT/GUARD NAME			ER'S NAME	HOURLY WAGE	HOURS WORKED PER WEEK	HOW OFTEN ARE YOU PAID?	ANNUAL AMOUNT (BEFORE DEDUCTIONS) (Multiply hourly wage times number of hours worked)
						☐ Weekly ☐ Bi-weekly ☐ Semi- monthly ☐ Other	
						☐ Other ☐ Weekly ☐ Bi-weekly ☐ Semi- monthly ☐ Other	
						☐ Weekly ☐ Bi-weekly ☐ Semi- monthly ☐ Other	
						☐ Weekly ☐ Bi-weekly ☐ Semi- monthly ☐ Other	
TOTAL ANNU	JAL EA	ARNED	INCOME:	•	•	\$	
(CHILD SUPPOR	UNEARNED INCOME  (CHILD SUPPORT, MFIP AND DWP FOR THE PARENT OR GUARDIAN OF THE CHILD(REN) LISTED IN THIS APPLICATION)						
TYPE	YES	NO	HOW OFTEN I PAYMENTS?			AMOUNT RECEIV	
Do you receive Child Support payments?							
Do you receive MFIP/DWP?							
TOTAL ANNUAL UNEARNED INCOME:				\$			
(EXP	ENSES	FOR THI	E PARENT OR G		CTIONS OF THE CHILD	(REN) LISTED IN THIS	S APPLICATION)
EXPENSE				AMOUNT		HOW OFTEN DO	OU PAY?
Medical Insurance Premiums  Dental Insurance Premiums							
Vision Insurance Premiums							
Court ordered child support for child not living in the home							
Court ordered spousal support				\$			
TOTAL ANNU	TOTAL ANNUAL DEDUCTIONS:			φ			
TOTAL FAMILY INCOME (EARNED + UNEARNED - DEDUCTIONS): \$							

## Important! Please read and sign this application.

### If I am awarded a scholarship I understand:

- By completing this application, I am applying for the Saint Paul Early Childhood Scholarship Program.
- I must enroll my child(ren) in a quality rated program that provides child care/early education for at least 12 hours per week.
- I must select a child care/early education program that has achieved 3 or 4 stars or a provisional rating through Parent Aware, or provisional approval through the Minnesota Department of Education or Minnesota Department of Human Services.
- I must give the child care/early education program a two week notice if I move or if I decide to transfer my child to another child care/early education program.
- My information must be shared with Saint Paul-Ramsey County Department of Public Health so that they can contact me to help me understand the evaluation process and help administer other aspects of the program.
- My information can be shared only if I give my written permission or if the law allows it.
- I can refuse to sign or cancel this release, but if I do, the program may not be able to pay the child care/early education program.
- The person or agency that gets my information may disclose it to other parties, and it may no longer be protected under privacy laws.
- I may submit a written request to revoke this consent at any time but revoking this authorization does not apply to information that has already been released under it.
- I understand that one year from this signed date or upon fulfillment of the above stated purpose(s), whichever comes earlier, this consent will automatically expire without my express revocation.

#### Release of information:

#### I understand:

- The information about the amount of the scholarship must be shared with the child care/early education program I choose so that they know how much the scholarship program will pay.
- This information can be shared only if I give my written permission or if the law allows it.
- I can refuse to sign or cancel this release, but if I do, the Early Childhood Scholarship Program may not be able to pay the child care/early education program or connect me with parent mentoring services.
- I may cancel this authorization with written notice anytime. This written notice will not affect information already released.
- The person or agency that gets my information may be able to pass it on to others.
- This authorization will end one year from the date I sign it. Minnesota Data Privacy Act (Minn. Stat., Ch. 13).

### Pre-k Allowance Program Addendum

I also want to apply for the Pre-kindergarten Allowance Program. I understand:

- That the Saint Paul Early Childhood Scholarship Program and the Pre-kindergarten Allowance Program are separate programs with different requirements and different funding limits.
- That I may be eligible for both programs, one program, or neither program,
- That if I am eligible only for the Saint Paul Early Childhood Scholarship Program, I am eligible to receive up to \$13,000 from that program per year.
- That if I am eligible only for the Pre-kindergarten Allowance Program, I am eligible to receive up to \$4,000 per year.
- That if I am determined eligible for both programs, the Pre-kindergarten Allowance Program will pay the first \$4,000 of my child care expenses and the Early Childhood Scholarship Program will pay the rest of my child care expenses up to a total of \$13,000 from both programs per year.

### St. Paul Early Childhood Scholarship Application and Authorization for Release of Information

### Authorization for release (sharing) of my information.

I give my permission for the Early Childhood Scholarship Program to share my information with the Prekindergarten Allowance Program to determine whether I am eligible for the Pre-kindergarten Allowance Program. If I am determined to be eligible for both the Early Childhood Scholarship Program and the Pre-kindergarten Allowance Program, I give my permission for both programs to share my information to coordinate my benefits.

Generally, I must give my written consent for the Early Childhood Scholarship Program and the Pre-kindergarten Allowance Program to give out my information. If I do not consent, the information will not be released unless the law otherwise allows it. I may stop this consent with a written notice at any time, but this written notice will not affect information the agency has already released. This authorization is good while I am applying for and enrolled in the Pre-kindergarten Allowance Program, not to exceed one year or longer if the law permits. I can\_refuse to sign or cancel this authorization. If I refuse to sign or if I cancel the release, I will have to separately apply to the Pre-kindergarten Allowance Program if I wish to be considered for that program and I may not be able to receive an allowance from the Pre-kindergarten Allowance Program. An agency or person who receives my information through this released could possibly re-disclose the information

I understand that this information about me is protected under state and/or federal privacy laws and/or laws specifically protecting medical and chemical abuse treatment records and cannot be disclosed without my written authorization unless otherwise provided for by state or federal law. I hereby voluntarily and knowingly waive those protections and consent to the release of this information.

I give my permission for Resources for Child Caring to share my information with:  St. Paul-Ramsey County Department of Public Health in order to assist in administering the program  The child care/early education program(s) where my child enrolls in order to coordinate scholarship payments  Ramsey County in order to verify eligibility					
If I am currently on the Minnesota Family Investment Program and/or the Minnesota Child Care Assistance Program, I give my permission for Ramsey County to share the following information with Resources for Child Caring in order to verify eligibility information for the program:    Market   Market					
PRINTED NAME OF APPLICANT	RAMSEY COUNTY				
LAST, FIRST, MIDDLE)	CASE NUMBER				
SIGNATURE OF APPLICANT	DATE				
SIGNATURE OF WITNESS (IF REQUIRED)	DATE				